



Declaration of Use

In accordance with the International Standard for Therapeutic Use Exemptions, I hereby declare to USADA 1) use of Glucocorticosteroids used by non systemic routes 2) or Beta-2 agonists by inhalation, 3) or Platelet Rich Plasma injections (NOT intramuscular).

Please complete all sections in BLOCK CAPITALS

1. Athlete Information

Last Name: First Name:.....

Female Male (tick appropriate box) Date of Birth (m/d/y):

Address:

City: State: Zip Code: ..

Phone: Email (required):

Sport: Discipline:

2. Diagnosis

Diagnosis with sufficient medical information:

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.....

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3. Medication details

Substance Name	Dose	Frequency	Route	Start Date of Use

4. Prescribing Medical doctor

Name

Qualification & Medical speciality:

Address, City, State, Zip:

Phone: Fax:

Email:

Email this form to tue@usada.org OR fax to (719) 785 2029

Questions? Call 719-785-2045 or email tue@usada.org

STRICTLY CONFIDENTIAL